



SOUTH DAKOTA DENR RBCA SITE CONCEPTUAL MODEL SHEET

SITE NAME		DATE COMPLETED			DENR SPILL #
SITE LOCATION		COMPLETED BY			

Step 1 – Baseline Exposure: Fill in Box (☐) to identify applicable sources, transport mechanisms, and receptors.

Step 2 – Remedial Measures: Fill in shut-off valves (☐) to indicate removal / remedial action, containment measure, or institutional controls to be used to “shut off” exposure pathway.

PRIMARY SOURCES	SECONDARY SOURCES	TRANSPORT MECHANISMS	EXPOSURE PATHWAY	POTENTIAL RECEPTORS
<input type="checkbox"/> Storage Tanks <input type="checkbox"/> Piping/ Pump Island <input type="checkbox"/> Handling <input type="checkbox"/> Transportation Accident <input type="checkbox"/> Vandalism <input type="checkbox"/> Transformer <input type="checkbox"/> Sump Waste <input type="checkbox"/> Drums <input type="checkbox"/> Other	<pre> graph LR subgraph Primary_Sources [Primary Sources] S1[Storage Tanks] S2[Piping/ Pump Island] S3[Handling] S4[Transportation Accident] S5[Vandalism] S6[Transformer] S7[Sump Waste] S8[Drums] S9[Other] end subgraph Secondary_Sources [Secondary Sources] SS1[Affected Surface Soil < 3.2 ft depth] SS2[Affected Subsurface Soil > 3.2 ft depth] SS3[Dissolved Ground Water Plume] SS4[Free Phase Product] end subgraph Transport_Mechanisms [Transport Mechanisms] TM1[Surface Water Run off] TM2[Volatilization and Enclosed Space Accumulation] TM3[Leaching and Ground water Transport] TM4[Mobile Free Product] end subgraph Exposure_Pathways [Exposure Pathways] EP1[Surface Water: Recreational Use/ Sensitive Habitat] EP2[Soil: Inhalation, Ingestion, or Dermal Contact] EP3[Utilities: Soil in contact, Impact to Water line] EP4[Air: Inhalation of Vapor, Vapors in underground utilities] EP5[Ground Water: Potable Water Use] EP6[Utilities: Ground Water in contact, Impact to Water Line] end subgraph Potential_Receptors [Potential Receptors] R1[On-Site: Residential, Commercial, Construction worker] R2[On-Site: Residential, Commercial] R3[Off-Site: Residential, Commercial] end SS1 --> TM1 --> EP1 SS1 --> EP2 SS1 --> EP3 SS2 --> TM2 SS2 --> EP3 SS3 --> TM3 SS3 --> EP5 SS4 --> TM4 SS4 --> EP6 </pre>			<div style="margin-bottom: 20px;"> On-Site <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Construction worker </div> <div> On-Site <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Off-Site <input type="checkbox"/> Residential <input type="checkbox"/> Commercial </div>